

12 CV 6368

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMitch ThomasAKAThomas Mitchell

(In the space above enter the full name(s) of the plaintiff(s).)

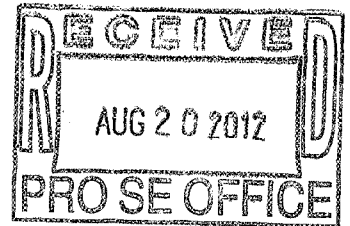
-against-

City of New York N.Y.P.DCommissioner Raymond KellyOfficers Hassel FredericShield # 6538 Tax # 922484Officer Alain RizkoShield # 25940 Tax # 929049LT Carretta PeterShield # NA Tax # 917387

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Mitch Thomas AKA Thomas Mitchell

ID #

~~875-12-00422~~ 11A2189

Current Institution

Otis Bantum Correctional Center (OBC)

Address

1600 Hazen street / 181 Brand RD
East Elmhurst, N.Y. 11370 / Malone, N.Y. 12953

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Alain RizkoShield # 25940

Where Currently Employed

N.Y.C N.Y.P.D71 precinct

Address

421 Empire BoulevardBrooklyn, N.Y. 11213 or 11233

Defendant No. 2 Name Hassel Frederic Shield # 6538
 Where Currently Employed N.Y.C N.Y.P.D 71 precinct
 Address 421 Empire Boulevard
Brooklyn, N.Y. 11213 or 11233

Defendant No. 3 Name Commissioner Raymond Kelly Shield # NA
 Where Currently Employed N.Y.C N.Y.P.D
 Address 1 Police Plaza
New York, N.Y. 10038

Defendant No. 4 Name LT. Carretta Peter Shield # NA
 Where Currently Employed N.Y.C NYPD 71 precinct
 Address 421 Empire Boulevard
Brooklyn, N.Y. 11213 or 11233

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
1 Brookdale Hospital
- B. Where in the institution did the events giving rise to your claim(s) occur?
On the 5th floor in hallway of hospital
- C. What date and approximate time did the events giving rise to your claim(s) occur?
On May 28, 2009 at 12:20pm
and rearrested August 10, 2010 at 8:00pm

D. Facts: I was arrested in brookdale Hospital on May 28, 09 along with 4 others in the hallway of the 5th floor where I went to visit someone that had been shot up. Two plain clothes officers recovered a gun on a unknown male person but locked 5 people up falsely. I was one of the people.

What happened to you?

Who did what?

Officer Rizko is the one who falsely arrested and strip searched me in the precinct when I was never in possession of anything.

Was anyone else involved?

Just the other people who was falsely arrested with me.

Who else saw what happened?

Hospital Staff other civilians who came to visit sick or injured family or friends.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

None, just depression Medication pain + suffering, mental Anguish

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: The grievance committee do not handle these outside matters and this is out of there jurisdiction. I made a complaint to CCRB already no one got back to me.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: CCRB by mail I have
not yet received a response from them.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I will like to be awarded
the sum of \$75,000 for false arrest, Emotional
distress, pain + suffering, Mental Anguish, harassment
and Humiliation. I did nothing wrong I have
been fighting this case since 8-10-10 after being
rearrested and charged with something I never possessed.
The case has been dismissed April 4, 2012 after
all this time of suffering.

VI. Previous lawsuits:

On
these
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16th day of August, 2012.

Signature of Plaintiff

Mitch Thomas ^{AKA} Thomas Mitchell

Inmate Number

875-12-00422 / 11A2189

Institution Address

1600 Hazen St

East Elmhurst, N.Y. 11370

New Address → Caller Box 20, 181 Brand RD
Bare Hill Corr Fac. Malone, N.Y. 12953

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16th day of August, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Mitch Thomas ^{AKA} Thomas Mitchell

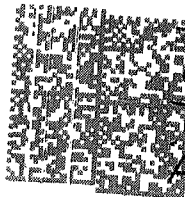
BARE HILL CORRECTIONAL FACILITY
CALLER BOX 20, 181 BRAND ROAD
MALONE, NEW YORK 12953

NAME: Thomas Mitchell DIN: 11A2189

BARE HILL



CORRECTIONAL FACILITY



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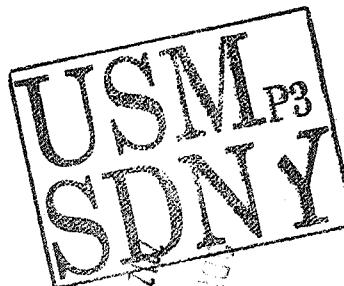
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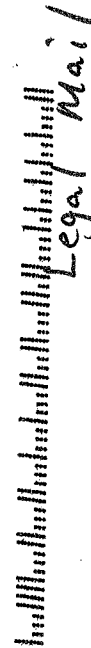
United States District of New York
Southern District of New York
500 Pearl Street, Room 230
New York, N.Y. 10007



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